Crosswalk Management System

Report REPORT CROSSWALK TO STATE

Filename acrobat distiller

Run by OPS\$PCUMMING

Report Date 02-FEB-05 11:17

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Office of Applied Studie

Status: FN Substance Abuse and Mental Health Services Administration

Media ID: CIR

Start Date: 01-JAN-93

End Date: Follow-up:

Delaware's Treatment Episode Data Set

Version: 1

K = K	ey Field	System		<u>Delaware</u>
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
1	System Transaction Type	-	Transacti	on Type Added to Each Record
K 2	State Code	DE	FIPS Cod	e Added to Each Record
3	Reporting Date	-	Month an Each Rec	d Year of Submission Added to ord

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Delaware's Treatment Episode Data Set

Version: 1

	ey Field		Minimum				<u>Delaware</u>
Item No.	Treatment Episode Data Set		Item	Value		State System Data	
K 1	Pro	ovider Identifer	-	Prov	vider 1	I D #	
K 2	Cli	ent Identifer (Admission)	-	-			
K 3	Co	-Dependent/Collateral	-	Co-l	Depen	dent/Collateral	
	2	No		N	No		
	2	No		U	Un	known	
	1	Yes		Y	Yes	S	
	2	No		Z	No	t Collected	
K 4	Cli	ent Transaction Type	-	Sou	rce/Ag	gency	
	A	Initial Admission		R	Ret	Perred	
	A	Initial Admission		S	Sel	f-referred	
	T	Transfer/Change in Service	e	T	Tra	nsferred	
	A	Initial Admission		U	Un	known	
	A	Initial Admission		Z	No	Collected	
K 5	Da	te of Admission	-	DAI	DAMI	I Admission Date	
6	Nu	mber of Prior Treatment E _l	oisodes -	Not	Collec	eted	

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K = K Item	ey Field	Minim		<u>Delaw</u>	<u>are</u>
No.	Treatment	Episode Data Set	Item	Value State System Data	
7	Princ	ipal Source of Referral	-	Referral Agency List	
	97	Unknown		AA00 Individual, Employer, Church, or 0 School	
	01	Individual (includes self-referral))		AA00 Self 1	
	01	Individual (includes self-referral))		AA00 Family 2	
	01	Individual (includes self-referral))		AA00 Friend/Significant Other 3	
	05	Employer/EAP		AA00 Employer/EAP/Union based program 4	
	06	Other Community Referral		AA00 Clergy/Minister/Pastor 5	
	04	School (Educational)		AA00 School System/Education Agency 6	
	06	Other Community Referral		AB00 Self-Help Groups 0	
	07	Court/Criminal Justice/DUI/DWI		BA00 Court-Legel 0	
	06	Other Community Referral		BB00 Advocacy Groups	
	07	Court/Criminal Justice/DUI/DWI		CA00 Police Department 0	
	03	Other Health Care Provider		DA00 Hospitals, ER, and Other Medical Facilities	
	03	Other Health Care Provider		EA00 Mental Health Hospital/Psych. Unit 0	
	03	Other Health Care Provider		FA00 Community Mental Health Center 0	
	03	Other Health Care Provider		GA00 Community Support Program 0	
	03	Other Health Care Provider		HA00 Crisis Management 0	
	03	Other Health Care Provider		IA000 Private Health Services	
	03	Other Health Care Provider		JA000 MH/MR Residential	
	06	Other Community Referral		KA00 Shelters, Transitional Housing 0	
	03	Other Health Care Provider		LA00 Nursing Homes, Long Term Care 0 Facilities	
	02	Alcohol/Drug Abuse Provider		MA00 A&D Residential 0	

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Delaware's Treatment Episode Data Set Version: 1

K = Key Field Item		Minimum				<u>Del.</u>		
No.	Treatmen	nt Episode Data Set	Item	Value	;	State System Data		
7	Prin	cipal Source of Referral	-	Referi	al Ag	ency List		
	02	Alcohol/Drug Abuse Provider		NA00 0	A&D	Outpatient Counseling		
	02	Alcohol/Drug Abuse Provider		OA00 0	A&D	Detoxification & Stabilization		
	02	Alcohol/Drug Abuse Provider		PA00 0	A&D	Continuous Treatment Teams		
	02	Alcohol/Drug Abuse Provider		QA00 0	A&D	Intensive Outpatient		
	02	Alcohol/Drug Abuse Provider		RA00 0	A&D	Outpatient Case Management		
	02	Alcohol/Drug Abuse Provider		SA00 0	Outpa	atient Methadone		
	06	Other Community Referral		TA00 0	AIDS	Outreach/Coordination		
	97	Unknown		U	Unkn	own		
	06	Other Community Referral		UA00 0	Preve	ntion And Early Intervention		
	02	Alcohol/Drug Abuse Provider		VA00 0		AMH Screening and Evaluation (SET)		
	06	Other Community Referral		WA00 0	Servi	ces for Children and Youth		
	06	Other Community Referral		XA00 0	Other	Public Agencies		
	06	Other Community Referral		YA00 0	Other	Social Services		
	98	Not Collected		Z	Not C	Collected		
	97	Unknown		ZZ000	Other			

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_	Ley Field	Minim				<u>Delaware</u>
No.	Treatmen	t Episode Data Set	Item	Value	State System Data	
7	Princ	cipal Source of Referral	-	Referr	al Agency List	
	01	Individual (includes self-referral))		AA00 0	Individual, Employer, Church, or School	
	01	Individual (includes self-referral))		AA00 1	Self	
	01	Individual (includes self-referral))		AA00 2	Family	
	01	Individual (includes self-referral))		AA00 3	Friend/Significant Other	
	05	Employer/EAP		AA00 4	Employer/EAP/Union based prog	ram
	06	Other Community Referral		AA00 5	Clergy/Minister/Pastor	
	04	School (Educational)		AA00 6	School System/Education Agency	7
	06	Other Community Referral		AB00 0	Self-Help Groups	
	07	Court/Criminal Justice/DUI/DWI		BA00 0	Court-Legel	
	06	Other Community Referral		BB00 0	Advocacy Groups	
	07	Court/Criminal Justice/DUI/DWI		CA00 0	Police Department	
	03	Other Health Care Provider			Hospitals, ER, and Other Medical Facilities	
	03	Other Health Care Provider		EA00 0	Mental Health Hospital/Psych. Ur	nit
	03	Other Health Care Provider		FA00 0	Community Mental Health Center	r
	03	Other Health Care Provider		GA00 0	Community Support Program	
	03	Other Health Care Provider		HA00 0	Crisis Management	
	03	Other Health Care Provider		JA000	MH/MR Residential	
	06	Other Community Referral		KA00 0	Shelters, Transitional Housing	
	03	Other Health Care Provider			Nursing Homes, Long Term Care Facilities	
	02	Alcohol/Drug Abuse Provider		MA00 0	A&D Residential	
	98	Not Collected		N	None/Not Applicable	

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K = K Item	ey Field		Minimum Item			<u>Delaware</u>
No.	Treatmen	nt Episode Data Set	Item	Value	•	State System Data
7	Prin	cipal Source of Referral	-	Referi	al Ag	ency List
	02	Alcohol/Drug Abuse Provid	er	NA00 0	A&D	Outpatient Counseling
	02	Alcohol/Drug Abuse Provid	er	OA00 0	A&D	Detoxification & Stabilization
	02	Alcohol/Drug Abuse Provid	er	PA00 0	A&D	Continuous Treatment Teams
	02	Alcohol/Drug Abuse Provid	er	QA00 0	A&D	Intensive Outpatient
	02	Alcohol/Drug Abuse Provid	er	RA00 0	A&D	Outpatient Case Management
	02	Alcohol/Drug Abuse Provid	er	SA00 0	Outpa	atient Methadone
	06	Other Community Referral		TA00 0	AIDS	Outreach/Coordination
	97	Unknown		U	Unkn	own
	06	Other Community Referral		UA00 0	Preve	ention And Early Intervention
	02	Alcohol/Drug Abuse Provid	er	VA00 0		AMH Screening and Evaluation (SET)
	06	Other Community Referral		WA00 0	Servi	ces for Children and Youth
	06	Other Community Referral		XA00 0	Other	Public Agencies
	06	Other Community Referral		YA00 0	Other	Social Services
	98	Not Collected		Z	Not C	Collected
	97	Unknown		ZZ000	Other	
		No longer effec	ctive as of: 06-	30-2002		

8	Dat	Date of Birth		Birth Date	
9	Sex		-	Gender	
	2	Female		F	Female
	1	Male		M	Male
	7	Unknown		U	Unknown
	8	Not Collected		Z	Not Collected

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K = K	Ley Field	Minimu	m	<u>Delawar</u>		
Item No.	Treatmer	nt Episode Data Set	tem Valu	se State System Data		
10) Race	e	- Race			
	02	American Indian (Other than Alaskan Native)	AA	American Indian		
	02	American Indian (Other than Alaskan Native)	AP	AA Plus Other Race(s)		
	04	Black or African American	BL	Black/Africian American		
	04	Black or African American	BP	Bl Plus Other Race(s)		
	05	White	CA	White/Caucasian		
	05	White	CP	CA Plus Other Race(s)		
	23	Native Hawaiians or Other Pacific Islanders	НА	Native Hawaiin/Other Pacific Islander		
	23	Native Hawaiians or Other Pacific Islanders	HP	HA Plus Other Race(s)		
	21	Two or More Races	MU	Multi-racial, unspecified		
	13	Asian	PA	Asian or Pacific Islander		
	13	Asian	PP	PA Plus Other Race(s)		
	97	Unknown	U	Unknown		
	98	Not Collected	Z	Not Collected		
10) Race	e	- Race			
	02	American Indian (Other than Alaskan Native)	AA	American Indian		
	04	Black or African American	BL	Black/Africian American		
	05	White	CA	White/Caucasian		
	20	Other	O	Other		
	03	Asian or Pacific Islander	PA	Asian or Pacific Islander		
	97	Unknown	U	Unknown		
	98	Not Collected	Z	Not Collected		
	13	Asian				
	23	Native Hawaiians or Other Pacific Islanders				
		No longer effective as of	£ 06-30-2001			

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Item	Key Fie			Minimum Item	*** 1		<u>Delaware</u>
No.	Treat	Freatment Episode Data Set			Valu	e State System Data	
1	1 l	Ethni	city	-	Ethni	city	
	(03	Cuban		C	Cuban	
	(02	Mexican		M	Mexican	
	(05	Not of Hispanic Origin		N	Not of Hispanic Origin	
	(04	Other Specific Hispanic		O	Other Hispanic	
	(01	Puerto Rican		P	Puerto Rican	
	g	97	Unknown		U	Unknown	
	Ģ	98	Not Collected		Z	Not Collected	
1	2]	Educa	ation	-	Highe	est Grade Completed	
		01- 25	Years of School(Highest Gra General Equivalency Degree 12)		00-19	00-19	
	(00	Less Than One Grade Comp	leted	00-19	00-19	
	Ģ	97	Unknown		97	Unknwon	
	9	98	Not Collected		98	Not Collected	

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K = K Item	K = Key Field Item		Minimum Item		<u>Delaware</u>
No.	Treatm	ent Episode Data Set	nem	Valı	ue State System Data
13	3 En	ployment Status	-	Prim	ary Employment
	04	Not in Labor Force		D	Disabled/Unable to Work
	01	Full Time		F	Full Time (37.5 hours a week or more)
	04	Not in Labor Force		Н	Homemaker
	04	Not in Labor Force		I	Inmate or Resident of an Institution
	03	Unemployed		L	Unemployed - Looking for Work
	01	Full Time		M	Military Armed Forces, Active Duty (Active Reserves, Reserves)
	04	Not in Labor Force		N	Unemployed - Not Looking
	97	Unknown		O	Other
	02	Part Time		P	Part Time (less than 37.5 hours per week)
	04	Not in Labor Force		R	Retired
	04	Not in Labor Force		S	Sudent (if student does not work)
	97	Unknown		U	Unknown
	04	Not in Labor Force		V	Volunteer
	98	Not Collected		Z	Not Collected

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K = K Item No.	Key Field Treatme	Minim nt Episode Data Set	num Item	Valu	e	State System Data	<u>Delaware</u>
14		stance Problem Codes (Primary- ,Secondary-14B, Tertiart-14C)	-	Substance Type, Primary, Secondary Tertiary			·y,
	02	Alcohol		AL	Alco	hol	
	11	Other Amphetamines		AM	Othe	r Amphetamines	
	15	Barbiturates		BA	Barb	iturates	
	13	Benzodiazepine		BE	Benz	odiazepines	
	03	Cocaine, Crack		CO	Coca	iine	
	03	Cocaine, Crack		CR	Crac	k	
	18	Over-the-Counter		CS	Coug	gh Syrups and Mixtures	
	09	Other Hallucinogens		HA	Othe	r Hallucinogens	
	05	Heroin		HE	Hero	in	
	17	Inhalants		IN	Inhal	lants	
	09	Other Hallucinogens		LS	LSD		
	04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations)		MA	Mari	juana/Hashish	
	06	Non-Prescription Methadone		MD	Non-	Prescription Methadone	
	10	Methamphetamine		ME	Meth	namphetamine	
	01	None		N	None	e	
	20	Other		O	Othe	r	
	18	Over-the-Counter		OC	Over	-the-Counter Drugs	
	07	Other Opiates and Synthetics		OP	Othe	r Opiates and Synthetics	
	12	Other Stimulants		OS	Othe	r Stimulants	
	08	PCP		PC	PCP		
	16	Other Sedatives or Hypnotics		SE	Othe	r Sedatives or Hypnotics	
	20	Other		ST	Stero	oids	
	14	Other Tranquilizers		TR	Majo	or Tranquilizers	
	97	Unknown		U	Unkı	nown	
	98	Not Collected		Z	Not (Collected	

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	Cey Fiel	d M	Minimum			<u>Delaware</u>
Item No.	Treatn	nent Episode Data Set	Item	Valu	e State System Data	
15	Pı	sual Route of Administration (rimary-15A, Secondary-15B, ertiar-15C)	-	Route	e of Administration	
	03	Inhalation		В	Breathe/Inhale/Snort	
	04	Injection (IV or intramuscular))	I	Other Injection	
	01	Oral		M	Mouth (Oral)	
	20	Other		O	Other	
	02	2 Smoking		S	Smoke	
	97	7 Unknown		U	Unknown	
	04	Injection (IV or intramuscular))	V	Intravenous	
	98	Not Collected		Z	Not Collected	
10		requency of Use (Primary-16A, econdary-16B, Tertiary-16C)	-	Frequ	uency of Use	
	05	5 Daily		D	Daily	
	04	3-6 times per week		F	Frequently (3-6 times per week))
	02	_		I	Infrequent (1-3 times past mont	
	05	5 Daily		M	More than Twice Daily	•
	01	No past month use		N	No Use in Past Month	
	03	_		O	Often (1-2 times per week)	
	97	•		U	Unknown	
	98	Not Collected		Z	Not Collected	
1		ge of First Use (Primary-17A, condary-17B, Tertiary-17C)	-	Age o	of First Use	
	00	Indicates a Newborn with a substance dependecy problem		-1	Newborn/addicted at birth	
	00 95	- Indicates The Age at First Use		1-95	1-95	
	98	Not Collected		96	None	
	97	Unknown		97	Unknown	
	98	Not Collected		98	Not Collected	

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K = Key Field Item		Ŋ	Ainimum Item			<u>Delaware</u>
No.	Treatmen	nt Episode Data Set	10111	Value	State System Data	
K 18	Турс	e of Services	-	-		
	01	Hospital Inpatient (Detox, 24 hour Service)		*1	All Facilities offering - Detox, 24 serv, Hospital Inpatient	4 hour
	02	Free-standing Residential (D 24 hour Service)	etox,	*2	All Facilities offering - Detox, 24 serv, Free Standing Residential	4 hour
	03	Hospital (other than detox)		*3	All Facilities offering - Rehabiliation/Residential Hospit (other than detox)	al
	04	Short-term, (30 days or fewer	r)	*4	All Facilities offering - Rehabiliation/Residential - short 30 days or less	term
	05	Long-term, (more than 30 da	ys)	*5	All Facilities offering - Rehabiliation/Residential - long 30 days or more	term
	06	Intensive Outpatient		*6	All Facilities offering - Ambulate Intensive Outpatient	ory
	07	Non-Intensive Outpatient		*7	All Facilities offering - Ambulate Non-Intensive Outpatient	ory
	08	Ambulatory Detoxification		*8	All Facilities offering - Ambulate Detoxifiaction	ory

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K = Key Field	Minin		<u>Delaware</u>
Item No. Treatmen	nt Episode Data Set	Item	Value State System Data
K 18 Type	e of Services	-	_
02	Free-standing Residential (Detox, 24 hour Service)		10002 Net-Kirkwood Detox 2-01
06	Intensive Outpatient		10005 Kent County Counseling 5-03
07	Non-Intensive Outpatient		10010 SODAT Counseling & Treatment 5-01
07	Non-Intensive Outpatient		10013 Brandywine Counseling, Inc 9-01
06	Intensive Outpatient		10013 Brandywine Counseling 9-03
05	Long-term, (more than 30 days)		10029 NET-GLASSHOUSE 5-01
05	Long-term, (more than 30 days)		10030 NET-SENTAC 3-01
07	Non-Intensive Outpatient		10033 Open Door, Inc 7-01
06	Intensive Outpatient		10041 NET-Continuing Care Unit 0-01
07	Non-Intensive Outpatient		10041 NET-Continuum for Recovery 0-02
06	Intensive Outpatient		10057 Psychotherapeutic Services Relapse 6-01
05	Long-term, (more than 30 days)		10060 NET-Long Term Care 0-01
06	Intensive Outpatient		10061 NET-FOUNDATIONS (Men) 8-01
06	Intensive Outpatient		10061 NET-FOUNDATIONS (Women) 8-02
06	Intensive Outpatient		10061 NET-FOUNDATIONS (CTT Program) 8-03
05	Long-term, (more than 30 days)		10063 Serenity Place 4-01
05	Long-term, (more than 30 days)		10072 NET-Reflection House 5-01
07	Non-Intensive Outpatient		30108 People's Place Counseling Center 3-01
02	Free-standing Residential (Detox, 24 hour Service)		75002 Kent/Sussex Detox 4-01
05	Long-term, (more than 30 days)		90053 Corinthian House 8-01

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K = K Item	K = Key Field		Minimum						<u>Delaware</u>
No.	Trea	itment	Episode Data S	Set	Item	Va	ue	State System Data	
K 18	3	Туре	of Services		-	-			
		04	Short-term, (3	0 days or fewer)		900: 3-01		NET-RCD 28 day residential	
		06	Intensive Outp	atient		9000 1-03		Turnabout Counseling Center	
			N	o longer effective	as of: 12	2-31-200	3		
19		(Plan	id Replacemen ned or Actual) adone Planned	WasUse of	-	-			
		2	No			-		All other clinics	
		1	Yes					Clinics reporting this - Kent Co. Counseling and Brandywine Co.	
19		(Plan	id Replacemen ned or Actual) adone Planned	WasUse of	-	-			
		2	No			-		All other clinics	
		1	Yes			1000 5-03		Kent County Counseling	
		1	Yes			9-04		Bradywine Counseling	
			N	o longer effective	as of: 12	2-31-200	3		

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K = Key Field		Optional		<u>Delaware</u>		
Item No.	Treatmen	nt Episode Data Set	Item	Value	State System Data	
1	Deta	il Drug Code, Primary	-	Not Co	ollected	
2	Deta	il Drug Code, Secondary	-	Not Co	ollected	
3	Deta	il Drug Code, Tertiary	-	Not Co	ollected	
4	DSM	1 Diagnosis	-	Axis I	diagnosis	
	999. 97	Unknown		999.8 7	Unknown	
	999. 98	Not Collected		999.9 8	Not Collected	
	999. 98	Not Collected		V71.0 9	None	
5		hiatric Problem in Addition hol or Drug Problem	to -	Alert 1	Information	
	2	No		2	No Psychiatric Disability Repor	rted
	1	Yes		C	Clinician Reported Psychiatric Disability	
	1	Yes		S	Self Reported Psychiatric Disab	oility
	7	Unknown		U	Unknown	
	8	Uncollected		Z	Not Collected	
6	Pregnant at Time of Admission		-	Curre	ntly Pregnant	
	2	No		N	No	
	7	Unknown		U	Unknown	
	1	Yes		Y	Yes	
	8	Not Collected		Z	Not Collected	

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K = K Item	Key Field		Optional			<u>Delaware</u>
No.	Treatment Episode Data Set		Item Va		State System Data	
7	Veteran Status		-	Veteran Status		
	2	No		N	No	
	7	Unknown		U	Unknown	
	1	Yes		Y	Yes	
	8	Not Collected		Z	Not Collected	
8	Liv	ing Arrangements	L,R	_	Arragement (L), Residential gement (R)	
	02	Dependent Living		(R)BH	Boarding House/SRO	
	02	Dependent Living		(R)CJ	Corrections Facility/Jail	
	02	Dependent Living		(R)FC	Adult Foster Care	
	02	Dependent Living		(R)GS	Group Setting/Community Reside Supervised	ence -
	02	Dependent Living		(R)G U	Group Setting/Community Reside Unsupervised	ence -
	02	Dependent Living		(R)I	Other Institution	
	01	Homeless		(R)N	None - On the Street/In a Shelter/Homeless	
	02	Dependent Living		(R)N H	Nursing Home/CF or SNF Facilit	ies
	97	Unknown		(R)O	Other	
	02	Dependent Living		(R)PS	Private House or Residence - Supervised	
	03	Independent Living		(R)PU	Private House or Residence - Unsupervised	
	97	Unknown		U	Unknown	

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K = Key Field Item		Optional Item			<u>Delaware</u>	
No.	Treatment Episode Data Set			Valı	ue State System Data	
9	Sou	rce of Income/Support	-	Prim	nary Source of Household I	ncome
	02	Public Assistance		A	AFDC	
	04	Disability		D	Private Disability Insurance	ce
	01	Wages/Salary		E	Employment	
	20	Other		F	Family/Friends	
	02	Public Assistance		G	General Assistance	
	20	Other		I	Investments/Savings	
	20	Other		IL	Illegal	
	21	None		N	None	
	20	Other		O	Other	
	03	Retirement/Pension		P	Pension/Retirement Incon (IRA,KEOGH,SEP,ESOP	
	20	Other		S	Spouse	
	04	Disability		SD	SSDI	
	02	Public Assistance		SI	SSI	
	03	Retirement/Pension		SS	Social Security	
	97	Unknown		U	Unknown	
	02	Public Assistance		UI	Unemployment Insurance	
	04	Disability		VD	VA - Disability	
	03	Retirement/Pension		VR	VA - Retirement	
	04	Disability		W	Workman's Comp.	
	98	Not Collected		Z	Not Collected	

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Delaware's Treatment Episode Data Set

Version: 1

		V CISIOII. 1				
K = Key Field		Option		į	Delaware	
Item No.	Treatmen	nt Episode Data Set	Item	Value	e State System Data	
1	0 Hea	th Insurance -		Health Insurance (Primary Carrier)		
	04	Medicaid		A	Medicaid	
	02	Blue Cross/Blue Shield		В	Blue Cross/Blue Shield	
	20	Other (e.g. TriCare, Champus)		C	Champus	
	04	Medicaid		E	Delaware Managed Medicaid MC	O
	20	Other (e.g. TriCare, Champus)		G	Other Government Funds for Care	;
	06	Health Maintenance Organization (HMO)		Н	HMO (service contract)	
	03	Medicare		M	Medicare	
	21	None		N	None	
	20	Other (e.g. TriCare, Champus)		O	Other	
	01	Private Insurance (other than BCBS or HMO)		P	Other Private Commercial Health Insurance	
	97	Unknown		U	Unknown	
	20	Other (e.g. TriCare, Champus)		V	VA	
	98	Not Collected		Z	Not Collected	
1	0 Hea	lth Insurance	-	Healtl	n Insurance (Primary Carrier)	
	04	Medicaid		A	Medicaid	
	02	Blue Cross/Blue Shield		В	Blue Cross/Blue Shield	
	20	Other (e.g. TriCare, Champus)		C	Champus	
	20	Other (e.g. TriCare, Champus)		G	Other Government Funds for Care	
	06	Health Maintenance Organization (HMO)		Н	HMO (service contract)	
	03	Medicare		M	Medicare	
	21	None		N	None	
	20	Other (e.g. TriCare, Champus)		O	Other	
	01	Private Insurance (other than BCBS or HMO)		P	Other Private Commercial Health Insurance	
	97	Unknown		U	Unknown	
	20	Other (e.g. TriCare, Champus)		V	VA	
	98	Not Collected		Z	Not Collected	

No longer effective as of: 06-01-2001

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K = Key Field Item		Optional Item				<u>Delay</u>
	reatme	nt Episode Data Set	Item	Valı	ıe	State System Data
11	_	ected/Actual Primary Source of ment	-	Expe	ected S	ource of Payment
	04	Medicaid		A	Med	icaid
	02	Blue Cross/Blue Shield		В	Blue	Cross/Blue Shield
	05	Other Government Payments		C	CHA	AMPUS
	05	Other Government Payments		D	DSA	MH
	04	Medicaid		E	Dela	ware Managed Medicaid MCO
	05	Other Government Payments		G	Othe	er Government Sources
	07	Other Health Insurance Companies		Н	HMO	0
	01	Self-Pay		I		vidual Resources (Patient's or ent's Family)
	05	Other Government Payments		M	Med	icare
	08	No Charge (Free, Charity, Special Research or Teaching)		N		e, Provider Absorbs Total Cost rity, Research, Teaching)
	09	Other		O	Othe	er
	07	Other Health Insurance Companies		P		er Private Commercial Health rance
	05	Other Government Payments		S	SEN	TAC
	97	Unknown		U	Unkı	nown
	05	Other Government Payments		V	Vete	rans Administration
	06	Worker's Compensation		W	Wor	ker's Compensation
	98	Not Collected		Z	Not (Collected

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Delaware's Treatment Episode Data Set

Version: 1

K = K Item	ey Field		Optional Item			<u>Delaware</u>
No.	Treatmen	nt Episode Data Set		Valı	ue State System Data	
11		ected/Actual Primary Source ment	of -	Expe	ected Source of Payment	
	04	Medicaid		A	Medicaid	
	02	Blue Cross/Blue Shield		В	Blue Cross/Blue Shield	
	05	Other Government Payments		C	CHAMPUS	
	05	Other Government Payments		D	DADAMH	
	05	Other Government Payments		G	Other Government Sources	
	07	Other Health Insurance Companies		Н	НМО	
	01	Self-Pay		I	Individual Resources (Patient's o Patient's Family)	r
	03	Medicare		M	Medicare	
	08	No Charge (Free, Charity, Special Research or Teaching	g)	N	None, Provider Absorbs Total Co (Charity, Research, Teaching)	ost
	09	Other		O	Other	
	07	Other Health Insurance Companies		P	Other Private Commercial Health Insurance	h
	05	Other Government Payments		S	SENTAC	
	97	Unknown		U	Unknown	
	05	Other Government Payments		V	Veterans Administration	
	06	Worker's Compensation		W	Worker's Compensation	
	98	Not Collected		Z	Not Collected	

No longer effective as of: 06-30-2001

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		version . 1				
K = Key Field		Optional			<u>I</u>)elav
iem Io.	Treatme	nt Episode Data Set	Item	Value	e State System Data	
12	Deta	ailed Not in Labor Force	-	Prima	ry Employment	
	04	Disabled		D	Disabled/Unable to Work	
	01	Homemaker		Н	Homemaker	
	05	Inmate of Institution (Prison or Institution - keeps people out of work force)		I	Inmate or Resident of an Institution	1
	06	Other		N	Unemployed - Not Looking	
	06	Other		O	Other	
	03	Retired		R	Retired	
	02	Student		S	Student	
	97	Unknown		U	Unknown	
	06	Other		V	Volunteer	
	98	Not Collected		Z	Not Collected	
13		ailed Criminal Justice Referral egories	-	Detail	Criminal Justice Record	
	04	Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board		BA00 0	Court-Legal (includes all except specific ones broken out)	
	01	State/Federal Court		BA00 2	State Court	
	01	State/Federal Court		BA00 3	Federal Court	
	03	Probation/Parole		7	Probation	
	03	Probation/Parole		BA00 8	Parole	
	05	Diversionary Program (E.G. TASC)		BA01 3	Diversionary Program (TASC)	
	07	DUI/DWI		BA01 8	DUI/DWI	

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Delaware's Treatment Episode Data Set

Version: 1

K = K Item	Key Field	Opti	ional Item			<u>Delaware</u>
No.	Treatme	nt Episode Data Set	144		e State System Data	
13		ailed Criminal Justice Referral egories	-	Detail	Criminal Justice Record	
	04	Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board		BA00 0	Court-Legal (includes all except specific ones broken out)	
	01	State/Federal Court		BA00 2	State Court	
	01	State/Federal Court		BA00 3	Federal Court	
	03	Probation/Parole		BA00 7	Probation	
	03	Probation/Parole		BA00 8	Parole	
	05	Diversionary Program (E.G. TASC)		BA01 3	Diversionary Program (TASC)	
	07	DUI/DWI		BA01 8	DUI/DWI	
		No longer effective a	ns of: 06-3	30-2001		

14	Mai	Marital Status -		Marital			
	04	Divorced	D	Divorced			
	02	Now Married or Cohabitating	M	Married			
	01	Never Married	S	Single - Never Married			
	97	Unknown	U	Unknown			
	05	Widowed	W	Widowed			
	03	Separated (legally or otherwise absent)	X	Separated			
	98	Not Collected	Z	Not Collected			

15 Days Waiting to Enter Treatment - Not Collected

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K = Key Field Item No. Treatment Episode Data Set		Discharge			<u>Delaware</u>
		Item	Value	State System Data	
104	Provider ID (At Discharge)	~	Discharge Not Collected Yet Discharge Not Collected Yet Discharge Not Collected Yet		
105	Client Identifer - (At Discharge) ~			
106	Co-Dependent/Collateral At Discharge	~			
109	Service at Discharge	~	Discharge	e Not Collected Yet	
	01 Hospital Inpatient				
	02 Free-Standing Residential				
	03 Hospital (Other than Detox)			
	04 Short-Term, <=30 days				
	05 Long-Term, >30 days				
	06 Intensive Outpatient				
	07 Outpatient				
	08 Detoxification				
	97 Unknown				
146	Date of Last Contact	~	Discharge	Not Collected Yet	
147	Date of Discharge	~	Discharge Not Collected Yet		

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Delaware's Treatment Episode Data Set

Version: 1

didn't report

Not Collected

98

K = Key Field<u>Delaware</u> Discharge Item Item No. Treatment Episode Data Set Value State System Data 149 Reason for Discharge, Transfer or **Discharge Not Collected Yet Discontinuance of Treatment** 01Treatment Complete 02 Left Against Professional Advice (Drop Out) 03 Terminated by Facility 04 Transferred to Another Substance Abuse Treatment Program or Facility 05 Incarcerated 06 Death 07 Other 08 Unknown 14 Transferred to another substance abuse treatment program/facility,

Crosswalk Management System REPORT CROSSWALK TO STATE

End of Report